



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN -3 2009

DHSS STATE HEALTH

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66-003637	LAKE LOTAWANA PD	DATE OF INSPECTION 06-03-09
LOCATION OF INSTRUMENT (STREET AND CITY) 100 LAKE LOTAWANA DR	LAKE LOTAWANA, MD	TIME OF INSPECTION - 0212

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) .358
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- CHARACTER DISPLAY TEST OK
- PRINT TEST (PRINTOUT ATTACHED) OK
- TIME AND DATE OK

CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <u>.077</u>	TEST 2 <u>.098</u>	TEST 3 <u>.097</u>
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SIMULATOR TEMPERATURE (34° ± .2°C) 34°C

PERFORM RFI TEST (PRINTOUT ATTACHED) OK

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS /	0-04 <input type="radio"/>	.05-.09 <input type="radio"/>	.10-.14 <input type="radio"/>	.15-.19 <input type="radio"/>	Over .19 <input type="radio"/>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSTRUMENT WORKING CORRECTLY

GUTH LABS 0.10 LOT # 08400 EXP. 12-08-2009

INSPECTING OFFICER

SIGNATURE <u>Chris Hawkins</u>	PRINT NAME <u>CHRIS HAWKINS</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>B20325</u>	TELEPHONE NUMBER <u>(816) 578-4333</u>

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **08400** of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain **0.1204** percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at
34°C +/- .2°C, this solution will give a breath alcohol
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

LAKE LOTAWANA POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-003637
06/03/2009

TEST	XBAC	TIME
AIR BLANK	.000	02:13
CAL. CHECK	.997	02:14
AIR BLANK	.000	02:14
CAL. CHECK	.998	02:15
AIR BLANK	.000	02:15
CAL. CHECK	.997	02:15
AIR BLANK	.000	02:16

NO RFI PRESENT

LAKE LOTAWANA POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-003637
06/03/2009

DIAGNOSTIC TEST	02:12
PROM CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED
DIAGNOSTIC	PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS:

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 860-233-2338

6N 66-003637
E735.23
INVALID TEST
INHIBITED - RFI

06/03/2009
02:17

ISBN 66-003637
E735, 23

06/03/2009
02:13

ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789@#tabcdé
ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789@#tabcdé
ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789@#tabcdé
ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789@#tabcdé

SUBJECT'S NAME

THE FIRST OBSERVED

INSTRUMENT LOCATION

ОБРАЗОВАНИЕ

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

20

ADDITIONAL INFORMATION AND/OR REMARKS

**State of Missouri
DEPARTMENT OF HEALTH**



**P E R M I T
T Y P E II**

CHRISTOPHER F HAWKINS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcohol content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

12/10/08

Date

820325

Number

12/10/2010

Expires

MO 680-0771 (7-83)

John J Mathewson

DIAZONI AT Glaxo Smithkline Health Laboratory

Director, Department of Health

Lab. 4 (R7~8B)